



Underground Storage Tank Retrofit/Repair Checklist

The attached Underground Storage Tank (UST) checklist is required for the activity listed above. This checklist certifies that Retrofit/Repair activities were performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: _____

Site Address: _____
Street County

City State Zip+4 (required)

Telephone: _____

UST Owner/Operator: _____

Mailing Address: _____
Street P.O. Box

City State Zip+4 (required)

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: _____

Service Co. Address: _____
Street

City State Zip+4 (required)

Certified Supervisor: _____

Address: _____
Street P.O. Box

City State Zip+4 (required)

ICBO Certification Number: _____ Certification Issue Date (Month/Year): _____

Telephone: _____

*Ecology is an equal opportunity employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)*

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655**

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed.

On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page. Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank and/or piping information that was worked on. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Retrofitting/Repair ICBO Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Code of Building Officials (ICBO), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Retrofitting/Repair Checklist** shall be completed and signed by a ICBO Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 329-3400

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Site ID # _____
Site Address _____
City _____

Underground Storage Tank

Retrofit/Repair Checklist

This form must be completed for each UST system (tank and associated piping) retrofitted or repaired at the site.
For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons				
4. Tank material: (specify for each tank) Steel Composite Fiberglass (FRP) Other (specify)				
5. Tank construction (specify for each tank) (SW) single wall (DW) double wall (P) partitioned				

II. RETROFITTING/REPAIR INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Reason for retrofitting UST system (indicate all that apply) To comply with upgrading requirements for existing UST systems To repair structural defect(s) in tank Preventive maintenance To comply with corrective action requirements Other (describe)				
2. Type of retrofitting (indicate all that apply) Installation of internal lining: Rubber • Alkyd • Epoxy • Phenolic • Glass • Other (specify) •				
Installation of spill and overfill prevention equipment Catchment Basin • Auto Shutoff • Overfill Alarm • Ball Float Valve • Other (specify) •				

Retrofitting/Repair Checklist (continued)

Site ID # _____
Site Address _____
City _____

II. RETROFITTING/REPAIR INFORMATION (continued)

	Tank 1	Tank 2	Tank 3	Tank 4
2. Type of retrofitting <i>(indicate all that apply)</i>				
Installation of release detection equipment				
Automatic tank gauge (ATG) •				
Vapor monitoring equipment •				
Groundwater monitoring equipment •				
Interstitial monitor •				
Automatic line leak detector •				
Other (specify) •				
Tank repair <i>(describe)</i>				
• Replacement of metal pipe sections and fittings (indicate new piping material)				
• Replacement of fiberglass pipe sections and fittings (indicate new piping material)				
• Repair of fiberglass pipe sections and fittings				
• Other (specify)				
3. Date of Completion of retrofit or repair(s) indicated above				
4. Date of Tightness Test following retrofitting or repairs indicated above				

III. CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears below.	Yes	No	N/A
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?			
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?			

IV. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present on site during the above listed retrofitting/repair activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

_____ Date	_____ Signature of Certified Supervisor	_____ Print or Type Name
_____ Date	_____ Signature of Tank Owner or Authorized Representative	_____ Print or Type Name